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Lavinia Sinitean
Lake Forest College

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The Bolivian Experience

Lavinia Sinitean

Department of Biology
Lake Forest College
Lake Forest, Illinois 60045



Patients wait in the Centro Medico Humberto Parra in Bolivia, a medical center owned by Chicago doctors.

"Lavinia, come here, you have to see this. This is a crime." The attending doctor was very upset about the patient's jagged upside-down V shaped scar that ran along her whole belly. Her young daughter, clutching her new one-week old baby, explained to me that her mother had gall stones, but the surgeon who operated couldn't find them (they had paid very little for the surgery). The patient's yellow eyes and lab results made for an urgent intervention plan, but the patient was not coming in for follow-up. "We don't have the money (\$2) to get to the city," her daughter informed me. Within the first minutes of the consultation, the doctor says, "She's got a giant mass here. How did anyone miss it?" Her family did not want to admit what this meant. "She has cancer, but maybe she doesn't, right? She can get better, right? My neighbor told me that their cousin..." It was an inoperable case, we could only help her be more comfortable, but comfort drugs were only available through the prescription of an oncologist who comes in sometimes once a week. The last time I saw her, she was lying down across the bench at the cancer hospital. Her daughter informed me she passed away on her way 'home.' Two weeks earlier she had invited me to her birthday lunch at her humble home.

I had wanted to come back to Bolivia since my first trip in 2006, during which I conducted a project on iodine deficiency in rural and urban populations of the Santa Cruz region. I had been doing research at Northwestern University and was becoming more and more interested in public health. My mentor at Northwestern encouraged me to do a project abroad, perhaps Bolivia. Bolivia? Is that in South America? I had traveled to Romania (my motherland) and to other parts of Europe, but never to Latin America.

My first Bolivian experience taught me more than I expected about public health, nonprofit work, and Latin American culture. I worked at Centro Medico Humberto Parra (CMHP), an American-Bolivian nonprofit clinic serving low income communities outside of

Santa Cruz de la Sierra. I used the iodine deficiency project as an independent study and a public health-focused biology senior thesis. I was even able to use the project towards my Spanish major, thus allowing me to graduate with honors in Spanish as well as with a degree in biology. Since my career goal includes attending a graduate school for global health, I listened to the advice of a professor of international health at Boston University, "Prove your dedication, go abroad for one year after graduation, see where you are." And I did just that.

My plans to return to Bolivia had always involved extending the iodine deficiency project or working with CMHP on their diabetes and hypertension program. I applied for different scholarships and grants, such as the Fulbright and 100 Projects for Peace. Unfortunately, I was not selected for any of these, but I did not let that stop me. It turned out that CMHP was in need of a clinic coordinator, and its funder, the Daniels Hamant Foundation, accepted my application. I was hired for a year on a stipend.

As clinic coordinator, I had a wide range of responsibilities including coordinating patient referrals and transfers, and communicating emergencies and case follow-ups between patients and health providers. I also had to prepare monthly updates and inter-institutional correspondences, as well as help manage clinic/patient and volunteer budgets. In addition, I frequently guided staff and volunteers in the development and execution of public health programs. My focus on case management involved transferring patients that needed more specialized care (labs, studies, surgeries) to different hospitals/centers in the city of Santa Cruz. Upon presenting a case to the CMHP director, and confirming the next-step procedure, I would contact patients, and be present for the 'next-step.' My purpose was to guide patients through the ever "impressive" healthcare system and communicate between healthcare providers, patients, and CMHP staff.

As rewarding as it is to be so involved in patients' lives, working in the Bolivian healthcare system comes with many challenges. Let's get more specific. Need a surgery? Here is a list of medicine and supplies you will need to buy before hospitalization, and make sure you get the right angioplasties, sutures, and an IV unit. Need a blood transfusion? Find your own donors, and don't forget to make them pay the fees for analysis of their blood. The patient has an infection *again* after sterilization OR wound care? There is a constant need for 'someone' to be present with the patient at all steps, as there is always a prescription to be filled, a study to be paid beforehand, and an explanation to be given to the patient and their families. In such a system, it is common that professionals often talk down or abuse patients, both situations create confusion about the health problem and solution. On the other hand, it is also common that patients will pretend to understand the doctor to avoid awkward moments. It is common for the indigenous population to feel insecure and to foster distrust towards modern medicine, especially since their Spanish language skills are frequently mediocre. In one instance, I had to convince a cute, indigenous lady that no one would laugh at her in the big city, and that her fear was not worth her continuing to suffer from a gigantic and painful hernia.

One patient had absolutely no family, and I was in and out of the hospital with him each day for a month. In multiple situations, I had to explain to patients that they had inoperable cancerous tumors. Perhaps the hardest situations have been ones in which patients chose a different path and don't make it through surgery or chose natural medicine over modern. I've cried, I've laughed, and I've lived through difficult moments with patients and their families. I will always remember the day I came home to see a patient walk up straight without crutches for the first time in over two years. I will always remember the fulfillment of a promised barbeque by the husband of a deceased patient.

I hoped to make a difference by promoting efficiency and communication at CMHP. I feel my main achievement was being able to understand many of the complicated processes of both public and private healthcare systems in Bolivia and helping CMHP work in partnership with them. I feel I have benefited so much from this experience in so many ways.

As I write this, I am helping organize the first Surgery Campaign, a collaboration between several Bolivian and American foundations and institutions. I noticed there were many patients waiting to be operated on, and I asked a veteran volunteer if her surgeon father would be interested in coming down and knocking out some hernias. Yes! How about trying to find all the surgery equipment used in the US down here in Bolivia? Impossible! Well, almost. I am currently working on the last details before the team's arrival. I am hoping to finish up this experience well and to leave with a bang.

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